FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response 16.00

| SEC USE ONLY | | | | | | |
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| SETTON SECTION |
| Telephone Number (Including Area Code) (206) 624-6865 |
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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| | | A. BASIC IDE | ENTIFICATION DATA | | |
|--|-------------------------|---|-------------------------------|-------------------|--|
| Enter the information | requested for the f | following: | | | |
| Each promoter or | f the issuer, if the is | suer has been organized v | vithin the past five years; | | |
| Each beneficial or | wner having the pow | er to vote or dispose, or dire | ect the vote or disposition o | f, 10% or more of | a class of equity securities of the issu |
| | | of corporate issuers and of | | | |
| | | of partnership issuers. | | • • • | |
| heck Box(es) that Apply: | □ Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name first, Iaritz, Paul | if individual) | | | | |
| usiness or Residence Ad 231 West Mercer Wa | | Street, City, State, Zip Cod, WA 98040 | ode) | · | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name firs | t, if individual) | | | | |
| usiness or Residence Ad 66 Lexington Avenue | | Street, City, State, Zip Co 10017 | ode) | | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name firs | | | | | |
| usiness or Residence Ad 231 West Mercer Wa | | Street, City, State, Zip Cod, WA 98040 | ode) | | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name firs Varburg Pincus Priva | | L.P. | | | |
| usiness or Residence Ad 66 Lexington Avenue | | Street, City, State, Zip Co | ode) | | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name firs 'alavera, Luis | t, if individual) | | | | |
| usiness or Residence Ad 1 Camelia, Colonia F | , | Street, City, State, Zip Co DF 01030 | xde) | | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name firs eschner, Jurgen | t, if individual) | ····- | | | |
| usiness or Residence Ad 1 rue Normandy, Ba | | Street, City, State, Zip Coc, H9X3E7 Canada | ode) | | |
| heck Box(es) that Apply | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| uli Name (Last name firs evy, Eyal | t, if individual) | | | | |
| usiness or Residence Ad 15 Second Avenue, S | | Street, City, State, Zip Co WA 98104 | ode) | | |

| | | | | B. II | FORMAT | ION ABO | UT OFFER | ING | | | | |
|---|--|-----------------|--------------|---------------|--------------|--------------|-------------------|-------------|---------------------------------------|-------------|-------------|------------|
| | | | | | | | | | | - | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | \boxtimes | | |
| | | | | | endix, Colu | | - | | | | | |
| 2. What | is the minim | um investm | ent that wil | ll be accepte | ed from any | individual? | | | | ********** | \$ N/A | |
| | | | | | | | | | | | Yes ⊠ | No □ |
| | the offering the informa | | | | | | | | | | . Ы | |
| comm | ission or sin | nilar remune | ration for s | solicitation | of purchase: | rs in connec | tion with sa | les of secu | rities in the | offering. | | |
| | erson to be li tes. list the n | | | | | | | | | | | |
| or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A | | | | | | | | | | | | |
| Full Name | Full Name (Last name first, if individual) | | | | | | | | | | | |
| Business of | Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| Name of A | Name of Associated Broker or Dealer | | | | | | | | | | | |
| States in W | hich Person | Listed Has | Solicited or | r Intends to | Solicit Purc | hasers | | | | • | | |
| (Ch | ieck "All Sta | tes" or chec | k individua | l States) | <i></i> | | • • • • • • • • • | | | | 🗆 🗸 | All States |
| AL | AK | AZ | AR | CA | co | िंग | DE | DC | FL | ā∧} | HI | ID |
| <u> </u> | [N] | M | KS | KY | | ИΕ | MD | MA | MI | MN | MS | MO |
| MT | NE | ₩ | NH | נא | NM | NY] | NC | ND | ОН | jK | OR | PA |
| | | = | = | = | | = | = | = | = | | MA. | = |
| RI | sc | SD. | ואז | ТХ | ਯੀ | VT | VA | WA | wy | Wı | .W T | PR |
| Full Name | (Last name | first, if indiv | vidual) | | | | | | | | | |
| Business or | Residence | Address (No | ımber and S | Street, City, | State, Zip (| Code) | | | | | | |
| Name of A | ssociated Br | oker or Dea | ler | | | | | | | | | |
| States in W | hich Person | Listed Has | Solicited or | r Intends to | Solicit Purc | hasers | | | | | | |
| (Ch | eck "All Sta | tes" or chec | k individua | l States) | | | | | • • • • • • • • • • • • • • • • • • • | | 🗆 A | All States |
| AL | AK | AZ | AR | CA | co | ET] | DE | DC | FL | GΑ | HI | ID |
| | [IK] | — | KS | ΚY | 四 | ME | MD | MA | MI | MM | MS | МО |
| MT | NE | Įν | NH | נא | NM | NY | NC | ND | OH. | ÞΚ | OR | PA |
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| رق | [50] | . <u> </u> | | رين | رت | ت | <u></u> | | نت | | | اتنا |
| Full Name | (Last name | first, if indiv | ridual) | _ | | | | | | | | |
| Business or | Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | II States | | | |
| AL) | AK | AZ] | AR | [CA] | co | СТ | DE | [DC] | FL | βA | HI] | ID |
| IL. | [N] | | KS | KY | 급 | ME | MD | MA | M | NN. | MS | MO |
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| | NE | | | | ММ | | NC. | | OH | | OR VV | |
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| | (Use blank sheet, or copy and use additional copies of this sheet, as nece | ssary.) | | |
|----|--|-----------------------------|-----|--|
| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | | <u>. </u> |
| J. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate | | Amount Already |
| | Type of Security | Aggregate Offering Price | | Sold |
| | Debt (Convertible Promissory Notes)\$ | 4,500,000.00 | \$ | 2,500,000.00 |
| | Equity | 0.00 | S | 0.00 |
| | Common Preferred | | | |
| | Convertible Securities (including warrants) | | | |
| | Partnership Interests | 0.00 | \$ | 0.00 |
| | Other (Specify) | 0.00 | \$. | 0.00 |
| | Total | 4,500,000.00 | S. | 2,500,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Aggregate |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1 | 5 | 2,500,000.00 |
| | Non-accredited Investors | 0 | 5 | 0.00 |
| | Total (for filings under Rule 504 only) | *** | 5 | ; |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | . Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | 5 | · |
| | Regulation A | | 5 | s |
| | Rule 504 | | 5 | |
| | Total | | \$ | · |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | 🛛 | S | 0.00 |
| | Printing and Engraving Costs | | | |
| | Legal Foes | | | 10,000.00 |
| | Accounting Fees | | | |
| | Engineering Fees | _ | | |
| | | | _ | |

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0.00

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10,000.00

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Sales Commissions (specify finders' fees separately).....

Total.....

Other Expenses (identify)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI |
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| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer." | Question 4.a. This difference is the | e "adjusted gross | | s | 4,490,000 | 0.00 |
|------|---|---|-------------------|----------|---------------------------------------|-----------------------------|----------------|
| | Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Par | iny purpose is not known, furnish of the payments listed must equal the | an estimate and | | | | |
| | | , | | Óff | ents to leers, tors, & lates | Payments Others | to |
| | Salaries and fees | | 🛛 | s | 0.00 | s | 0.00 |
| | Purchase of real estate | | 🛛 | s | 0.00 | s | 0.00 |
| | Purchase, rental or leasing and installation of ma | achinery | | | | | |
| | and equipment | | | | | | 0.00 |
| | Construction or leasing of plant buildings and fa | cilities | 🛛 | s | 0.00 | s | 0.00 |
| | Acquisition of other businesses (including the va | | | | | | |
| | offering that may be used in exchange for the assissuer pursuant to a merger) | sets or securities of another | 🖂 | s | 0.00 🖂 | s | 0.00 |
| | Repayment of indebtedness | | | | | | 0.00 |
| | Working capital | | 🛛 | S | 0.00 | \$ <u>4,490,00</u> | 00.00 |
| | Other (specify): | | | s | | s | 0.00 |
| | | | | | | | |
| | | | 🛛 | s | 0.00 | s | 0.00 |
| | Column Totals | | | | | s <u>4,490,0</u> | 00.00 |
| | Total Payments Listed (column totals added) | | | | ⊠ \$ <u>4,49</u> 0 | ,000.00 | |
| | | D. FEDERAL SIGNATURE | | | | | |
| ige | issuer has duly caused this notice to be signed by the student to fundamental the issuer to fundamental formation furnished by the issuer to any non-accordance. | imish to the U.S. Securities and Ex | change Commissio | n, up | on written req | 5, the follo uest of its | wing staff, |
| ssı | ier (Print or Type) | Signature | D | atc | | | |
| Pi (| Corporation | (cost | D | ecem | ber 21, 2007 | | |
| Vai | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | _ |
| Cra | aig Sherman | Assistant Secretary | | | | • | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

